

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) STAND UP FOR OHIO PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00586610 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Stand Up for Ohio		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2016</div> </div>	
Mailing Address 25 E Boardman Street #428		Amount <div> <div>1807.56</div> </div>	
City Youngstown	State OH	Zip Code 44504	Transaction ID : SE.4195 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2016</div> </div>
Purpose of Expenditure Canvasser Payroll	Category/ Type	<div>006</div>	
Name of Federal Candidate Hillary Clinton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1807.56</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee Stand Up for Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 25 E Boardman Street #428		Amount 1807.56	
City Youngstown	State OH	Zip Code 44504	Transaction ID : SE.4197 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2016
Purpose of Expenditure Canvasser Payroll	Category/ Type	006	
Name of Federal Candidate Ted Strickland	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought	1807.56		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3615.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Heather McMahon

[Electronically Filed]

Date _____

Signature